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Bib Data Sheet

CONFIRMATION NO. 2607

<b>SERIAL NUMBER</b> 09/945,152	<b>FILING DATE</b> 08/31/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ACS-57082
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*THIS APPLICATION IS A CIP OF 09/740,560 12/19/2000 patent No. 6,506,203*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none*  
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/28/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**

24201

**TITLE**

Sheathless embolic protection system

<b>FILING FEE RECEIVED</b> 996	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit